

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/31/3581

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
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16		/		/		/
17		/		/		/
18		/		/		/
19		/		/		/
20		/		/		/
21		2		2		2
22		1		1		1
23		3		3		3
24		3		3		3
25		3		3		3
26		3		3		3
27	1		1		1	
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TOTAL IND.	7		7		7	
TOTAL DEP.	50		52		52	
TOTAL CLAIMS	57		59		59	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						